

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

7015 MAY 18 PM 3: 32

(Instructions on back of application)

•	SECHETARY OF STATE STATE OF IDAHO
1. The name of the limited liability company is:	STATE OF IDARO
Madden Enterprises	LLC
2. The complete street and mailing addresses of the	e initial designated office:
(Street Address)	r Idaho 8750(
(Mailing Address, if different than street address)	
3. The name and complete street address of the reg	jistered agent:
Michael Madden 1914 Billing (Street Address)	ich Ale Lavista ID
The name and address of at least one member of company:	r manager of the limited liability
<u>Name</u>	Address
Michael Madde 1914 B	irchAce Lawiston ID
5. Mailing address for future correspondence (annua	
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized person.	
	Secretary of State use only
Signature Madd	IDAHO SECRETARY OF STATE
Typed Name: Michael Modda	05/18/2015 05:00
	CK:31 CT:304655 BH:1475771
Signature	10 100.00 = 100.00 ORGAN LLC:

W151746

Typed Name: _